Case 19-12538-mdc Doc 43 Filed 10/09/19 Entered 10/09/19 11:12:49 Desc Main Document Page 1 of 2

Fill in this inforr	nation to identify	y your case:			
Debtor 1	Larry First Name	Middle Name	Sakson Last Name	Che	eck if this is:
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name	— ☑	An amended filing
	ruptcy Court for the: EASTERN DIST. OF PENNSYLVANIA			A supplement showing postpetition chapter 13 income as of the following date:	
Case number (if known)	19-12538MDC13	3			MM / DD / YYYY

Official Form 106I

Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1:	 Descr	iha F	Emnl	ovme	nt

1.	Fill in your employment information.		Debtor 1		Debtor 2 or non-filing	spou	se
	If you have more than one job, attach a separate page with information about	Employment status	Employed Not employed		✓ Employed☐ Not employed		
	additional employers.	Occupation	Home Care Assista	ntSalary	Home Care Assista	nt	
	Include part-time, seasonal, or self-employed work.	Employer's name	Better Home Care		Better Home Care		
	Occupation may include student or homemaker, if it applies.	Employer's address	Number Street		Number Street		
			Feasterville Trevos	PA 19053	Feasterville	PA	19053
			City	State Zip Code	City	State	Zip Code
		How long employed to	here? 2 Years		2 Years		

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.

3. Estimate and list monthly overtime pay.

4. Calculate gross income. Add line 2 + line 3.

5. For Debtor 1 for Debtor 2 or non-filling spouse

2. \$3,246.00 \$2,048.00

\$0.00

\$2,048.00

Official Form 106l Schedule I: Your Income page 1

Debt	tor 1 Larry Sakson		Case num	nber (if known) 19-1	2538MDC13
			For Debtor 1	For Debtor non-filing s		
	Copy line 4 here	4.	\$3,246.00	\$2,04	8.00	
	List all payroll deductions:		*			
	5a. Tax, Medicare, and Social Security deductions	5a.	\$0.00		3.00	
	5b. Mandatory contributions for retirement plans	5b.	\$0.00		0.00	
	5c. Voluntary contributions for retirement plans	5c.	\$0.00		0.00	
	5d. Required repayments of retirement fund loans	5d.	\$0.00		0.00	
	5e. Insurance	5e.	\$0.00		0.00	
	5f. Domestic support obligations	5f.	\$0.00		0.00	
	5g. Union dues	5g.	\$0.00		0.00	
	5h. Other deductions. Specify:	_ 5h. -	\$0.00	\$	0.00	
	Add the payroll deductions. Add lines $5a + 5b + 5c + 5d + 5e + 5f + 5g + 5h$.	6.	\$0.00	\$37	3.00	
	Calculate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$3,246.00	\$1,67	5.00	
	List all other income regularly received:	0.5	\$4.000.00	.	2 20	
	8a. Net income from rental property and from operating a business, profession, or farm	8a.	\$1,800.00	<u> </u>	0.00	
	Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.					
	8b. Interest and dividends	8b.	\$0.00	\$	0.00	
	8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive	8c.	\$0.00	\$	0.00	
	Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.					
	8d. Unemployment compensation	8d.	\$0.00	\$	0.00	
	8e. Social Security	8e.	\$0.00		0.00	
	8f. Other government assistance that you regularly receive		·			
	Include cash assistance and the value (if known) or any non- cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.					
	Specify:	8f.	\$0.00	\$	0.00	
	8g. Pension or retirement income	– 8g.	\$0.00		0.00	
	8h. Other monthly income.					
	Specify:	_ 8h. -	F\$0.00_	\$	0.00	
9.	Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f + 8g + 8h.	9.	\$1,800.00	\$	0.00	
	Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10.	\$5,046.00	¥1,67	<u>′5.00</u> =	\$6,721.00
	Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. State all other regular contributions to the expenses that you list in Schedule J.					
	Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.					
	Do not include any amounts already included in lines 2-10 or amounts that	at are r	not available to pay e	xpenses liste	d in Sche	edule J.
	Specify:				11. +	\$0.00
	Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Your Assets and Liabilities and Certain Statistical Information,			12.	\$6,721.00	
	if it applies.	thia fa	O			Combined monthly income
	Do you expect an increase or decrease within the year after you file to	mis to	· · · · · · · · · · · · · · · · · · ·			
	✓ No. None. Yes. Explain:					